

Region 5 Registrar

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## **DEADLINE TO SUBMIT FORM IS NOVEMBER 15, 2024**



## 2024-25 GIRLS DUAL ROSTER TEAM SELECTION FORM

Player Information (Print or Type)				
Name:				
Address:				
City:	State:	Zip:		
Phone: (	USA Hockey Age Class	ification:		
Home Association:		(Association whose boundaries player resides in)		
Birth Date: (MM/DD/YYYY)/	/USAH	I #:		
Girls/Women Section Director through and activities with her primary team. S with her primary team unless the coac she will participate with for state play d	use of this form. The girl will phe can participate with her seches of the two teams reach and downs and state tournament. It lary team if they qualify. She make the control of the contr	ation, the Regional Registrar and the WAHA participate in all games, practices, tournaments condary team only when it does not conflict agreement. The primary team will be the one in the event her primary team does not qualify may participate in play downs for both teams if		
Secondary Team: Youth Gir		outh - Classification:ABC		
Secondary Team Association				
I have read and understand the c				
Player's Signature:		Date:/		
Signature of Parent (Guardian):		Date:/		
Signature of Association Representativ	/e:	Date:/		
Send completed form to the WAI	HA Girls/Women Section D	Director and your Regional Registrar		
Girls/Women Section Director	<b>Robin Bilsborough</b>	rbilsborough@att.net		
Region 1 Registrar	<b>Bob Normand</b>	rjnormand55@gmail.com		
Region 2 Registrar	Dawn Olson	dynamic@pctcnet.net		
Region 3 Registrar	Joe Reinhart	joe.reinhart@usahockey.org		
Region 4 Registrar	Tom Hansen	tihansen25@vahoo.com		

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